# ENTRY BLANK PLEASE TYPE OR PRINT Entered previous May Show ves no Ms. ☐ Mr. Artist Dolores Glover Kaufman (Last Name Last) Permanent Cleve. Hts. 2600 Norfolk Rd.. Address \_ 932-7311 Tel. ( Area Code **Temporary** Address Street City Tel. ( Zip Permanent address is in what county? \_\_\_\_ Born in Cuyahoga County Yes No Collaborator \_\_ (If Any) If May Show entries are not accepted or not sold: Artist will pick up at Museum. Museum should dispose of. Museum should ship to artist C.O.D. at this address: Special Instructions When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

# THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until January 2, 1977.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature\_

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#### 1976 MAY SHOW

The Cleveland Museum of Art Cleveland, Ohio 44106

## Museum Service Entrance

Dates for Pick-up of Objects

9:30 a.m. to 4:30 p.m., Monday through Saturday

Rejected Objects November 15 through November 27

Accepted Objects January 10 through January 15

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.

Please keep address within this box for window envelope.

Name	Dolores Glover Kaufman
Address	2600 Norfolk Rd.
. City & State	Cleve. Hts., Ohio Zip 44106

#### PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

### ACCEPTANCE OR REJECTION NOTICE

This is your only receipt to claim your object(s). This notification

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